

Do not write in the space above

a. T Code 13196
**TEXAS FRANCHISE TAX
 PUBLIC INFORMATION REPORT**
 MUST be filed to satisfy franchise tax requirements

c. Taxpayer identification number <input checked="" type="checkbox"/> 3-20010-7658-0	d. Report year <input checked="" type="checkbox"/> 2003
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Corporation name and address

ASOCIACION PERUANA DE HOUSTON
 PO BOX 272672
 HOUSTON TX 77277-2672

e. PIR / IND 1, 2, 3, 4

Secretary of State file number or, if none, Comptroller unchartered number
 g.

Item k on Franchise Tax Report form, Page 1 01509291-01 7

The following information MUST be provided for the Secretary of State (SOS) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.



If the preprinted information is not correct, please type or print the correct information.

Please sign below!

Blacken this circle completely if there are currently no changes to the information preprinted in Sections A, B, and C of this report.

Corporation's principal office

Principal place of business

SECTION A. Name, title, and mailing address of each officer and director.

NAME: <u>CARLOS A. VALERA</u> ENRIQUE DAVILA	TITLE: <u>PRESIDENT</u>	DIRECTOR: <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS: <u>11603 SWIFTWATER BRIDGE LN., SUGAR LAND, TX 77478</u> 2900 S GESSNER #209 HOUSTON, TX 77063	Term expiration (mm-dd-yyyy)		
NAME: <u>JUAN MAKRITZ Reynolds Contreras</u> JUAN MAKRITZ	TITLE: <u>VICE PRESI</u>	DIRECTOR: <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS: <u>5939 Vicki john Drive Houston, TX 77096</u> 7130 REDDING RD HOUSTON, TX 77036	Term expiration (mm-dd-yyyy)		
NAME: <u>JAVIER SANCHEZ KIMBERLY S. VALERA</u> JAVIER SANCHEZ	TITLE: <u>SECRETARY</u>	DIRECTOR: <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS: <u>11603 SWIFTWATER BRIDGE LN., SUGAR LAND, TX 77478</u> 2815 GREENRIDGE #44A HOUSTON, TX 77057	Term expiration (mm-dd-yyyy)		
NAME: <u>MARTIN ESCOBAR Jeanne Chucle</u> MARTIN ESCOBAR	TITLE: <u>TREASURER</u>	DIRECTOR: <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS: <u>5939 Vicki john Drive. Houston, TX 77096</u> 23015 GOVERNORSHIRE DR KATY, TX 77450	Term expiration (mm-dd-yyyy)		
NAME:	TITLE:	DIRECTOR: <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS:	Term expiration (mm-dd-yyyy)		

SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.

Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage Interest

SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company.

Name of owning (parent) corporation	State of incorporation	Texas SOS file number	Percentage Interest

Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: THE MONTY LAW FIRM PC
 Office: 810 HWY SIX SOUTH STE 110
HOUSTON, TX 77079

Blacken this circle if you need forms to change this information.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief and that a copy of this report has been mailed to each person named in this report who is an officer or director and who is not currently employed by this corporation or limited liability company or a related corporation

sign here <u>Carlos Valera</u>	Officer, director, or other authorized person	Title <u>PRESIDENT</u>	Date <u>5/7/03</u>	Daytime phone (Area code and number) <u>(281) 313-2929</u>
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